



INTRASTATE CERTIFICATE OF AUTHORITY APPLICATION

MOTOR BUS

PART 1. APPLICANT INFORMATION

1. Full Business Legal Name (Insurance documents must match this name):

2. Business Address:

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone: (____) _____ Fax Number: (____) _____

Internet Address: _____

3. Indicate the type of facility located at this address: (Choose all that apply)

☐ Office ☐ Terminal ☐ Home ☐ Other (specify) _____

4. Representative Information to which correspondence or inquires should be directed:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

5. Type of carrier operation:

- ☐ Intra-State (Only within Michigan's Borders)
☐ Intra-State and Inter-State (Within and Across Michigan's Borders)

☐ Current Federal Number Issued _____ USDOT# _____

☐ Applied to FHWA and awaiting number(s)

☐ Future Application Possible

6. Form of Business:

A. ☐ Sole Proprietorship, with the person doing business being: _____ (Include Certificate of Assumed Name, if applicable)

☐ Partnership, with the persons doing business being: _____ (Enclose Articles of Co partnership)

With the partners being: _____

B. ☐ Corporation, operating under the Assumed Name of: _____
(Corporations must enclose Articles of Incorporation and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan.)

State of Incorporation: _____ Year of Incorporation _____

7. The owners and principals are:

Name/Title:	Address:	City & State:	Zip:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Federal I.D. Number: _____ - _____

If sole proprietorship enter Owners Social Security Number: _____ - _____

9. Location where vehicle inspections will be performed:

Contact Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: (_____) _____

10. Other office or garage locations:

11. Type of motor carrier of passengers type of operations proposed: (Check all that apply)

- ☐ Charter operations, a brief statement required, see attached sample letter.
- ☐ Regular Route operations, submit the following, **a)** a route description naming the streets and highways the service will operate over from the point of origination (beginning) to final destination (end), **b)** a time schedule showing the effective date, time points, points to be served and number of trips daily.
- ☐ On Call, Demand or Reservation Operations, (ie. Airport shuttle, client, medical, etc.), submit the following, **a)** listing of all cities, towns, townships to be served, **b)** a schedule of hours of operation.

12. Verification:

I, (print) _____ Verify that all information supplied on this form or relating to this Application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

Signature of Applicant: _____ Title: _____

Date: _____

13. **Mailing Instructions:**

Mail the completed Application Form, Letter of Operation Description, Equipment Roster, check or money order in payment of application fee, registration fees and any addition documents to:

**MICHIGAN DEPARTMENT OF TRANSPORTATION
BUREAU OF URBAN AND PUBLIC TRANSPORTATION
MOTOR BUS REGULATORY SERVICES B425
POST OFFICE BOX 30050
425 WEST OTTAWA
LANSING, MICHIGAN 48909**

SAMPLE CHARTER APPLICATION LETTER

**Michigan Department of Transportation
UPTRAN-Passenger Transportation Division
Regulatory Section B-425
425 W. Ottawa
P.O. Box 30050
Lansing, MI 48909**

Dear Sirs:

(NAME OF COMPANY) hereby applies for a Certificate of Authority to operate in charter operations as an intrastate motor carrier of passengers beginning and ending at all points in Michigan.

Enclosed are the following:

- 1. My check in the amount of \$ _____ in payment of application and vehicle registration fees.**
- 2. Vehicle Equipment Roster.**
- 3. Proof of Insurance, MDOT form 3007:**

SELECT ONE FOLLOWING STATEMENT THAT APPLIES

- ☐ **Is enclosed.**
 - ☐ **Was mailed to MDOT direct by our insurance company.**
 - ☐ **Will be mailed to MDOT direct by our insurance company.**
 - ☐ **Will be faxed to MDOT by our insurance company with an original to follow via U.S. Mail.**
- 4. Proof of Business organization.**

**(SIGNATURE OF APPLICANT)
(TITLE)
(DATE)**

Federal I.D.#

STATE & FEDERAL MOTOR CARRIER REQUIREMENTS OF STARTING A FOR-HIRE BUS COMPANY (Michigan)

This is not a complete listing of all items necessary

- 1. All bus drivers are required to have a CDL with the following endorsements:**
 - A. A chauffeurs license with a Group C designation for vehicles with a GVWR of less than 26,001 pounds, or**
 - B. A chauffeurs with a Group B designation for vehicles with a GVWR of greater than 26,001 pounds, and**
 - C. A “P” endorsement indicating passenger vehicles**
- 2. All bus drivers are required to have in their possession, and the company have a photo copy, a valid DOT medical card. (obtainable from any doctor who is qualified to administer the DOT Physical Examination). (Federal and State 391.41) (School Bus cards are not acceptable)**
- 3. Every employee/owner that drives a vehicle which requires a CDL to operate must have completed a controlled substances pre-employment test with the results forwarded to the company by the medical review officer (MRO). (Obtainable from a qualified collection site and or thru a consortium (Federal 382.301)(See “Drug Abuse Testing” in most yellow pages)**
- 4. All companies are required to obtain inquiries for alcohol and controlled substances information from the perspective drivers previous employers, during the preceding two years from the date of the application. (Federal 382.413)**
- 5. All drivers are required to be included in a company program and written policy that includes the following, and the company shall be knowledgeable and in compliance of Part 382 - Controlled Substances and Alcohol Use and Testing :**
 - A. Post-Accident testing (382.303)**
 - B. Random testing (382.305)**
 - C. Reasonable suspicion testing (382.307)**
 - D. Return to duty testing (382.309)**
 - E. Follow-up testing (382.311)**
- 6. Companies are required to maintain Driver Qualification files containing:**
 - A. A proper drivers application for employment. (391.21)**
 - B. Drivers Social Security Number**
 - C. Inquiries to drivers character to 3 years previous employers. (391.23)**
 - D. Inquiry to the drivers driving record (MVR) for the previous 3 years (all states licenced) (391.23)**
 - E. Photo copy of the drivers medical certification and/or long form if the bottom contains the certification. (391.43)**
 - F. Photo copy of the drivers CDL or a copy of the road test certificate. (391.31-33)**
 - G. (Suggested Location) Chain of Custody Form for Pre-Employment Drug Test and the pre-employment Drug Result from MRO, (these files must be in a secure location)(382.401)**
 - H. (Suggested Location) Evidence of Receiving Drug/Alcohol Educational Materials (382.601d)**
 - I. (Suggested Location) Evidence of Receiving Company Drug/Alcohol Policy (382.601d)**
----After the drivers 1 year anniversary----

- J. Certificate of Violations (driver statement)(391.27)
 - K. Annual Review of Certification (carrier to ensure all the above is current)(391.25)
7. All companies and its drivers are required to comply with the Hours-of-Service regulations contained within Federal and State Part 395 regulations.
 8. All companies are required to systematically inspect, repair and maintain all vehicles under its control as contained within Federal and State Part 396 regulations. Including a post trip inspection reporting procedure. (Federal and State Part 396).
 9. All companies are required to have obtained an Operating Authority from MDOT and all buses are required to have completed a satisfactory safety inspection conducted by MDOT prior to being placed into service. (Federal and State Part 396.23) Authorities applications can be obtained by calling 517-335-2583.
 10. All buses are required to display, visibly contrasting sharply with the background and readily legible from 50 feet, i.e. 1 3/4" minimum, on both sides of every bus the following: (Federal Part 390.21)
 - A. The name of the motor carrier operating the vehicle.
 - B. The motor carrier identification number, issued by the FHWA, preceded by the letters "USDOT". (Interstate carriers)
 11. Carriers are not to purchase license plates until the vehicle has passed the MDOT inspection and a special fee plate certificate is issued. There is no refund for license plates purchased prior to authority being issued.
 12. All companies are required to obtain and have in effect the minimum of \$5,000,000 of liability insurance plus the limits of Michigan's No-Fault requirements. These policies must be identified by Michigan form 3007 supplied by the insurance company.

Additional Sources for Information:

INTERNET LINKS

Federal Motor Carrier Safety Pages	www.fmcsa.dot.gov
Carrier Information	www.safersys.org
Regulations Search	Use federal motor carrier safety above
Federal Interstate Licenses	http://www.diy.dot.gov

MDOT Bus operating authority applications (standard mailing) - 517-335-2583 (Faxable)
USDOT interstate licenses - 202-358-7000
International Fuel Tax Agreement (IFTA) (fuel tax decals) - 517-373-3183 (Interstate carriers - 3 axles)
Single State Registration System -Interstate Buses-Suggest to Use Ohio - 614-466-3392
Secretary of State - To receive Michigan Drivers Records (MVR's) - 517-322-1624

A printed copy of the federal regulations can be obtained at most truck stops by asking for a motor carrier safety regulation drivers book or thru numerous printing suppliers such as J.J. Keller at 800-327-6868.
